

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Price	Curren	D		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
				OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA State Senate

Division, Board, District, if applicable:

26

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: CA Legislature

Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 05/12/10  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances**  
**and Reimbursements**

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Curren D. Price, Jr.

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

## ▶ NAME OF SOURCE

California Independent Voter Project

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd. Suite 250

CITY AND STATE

San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/16/09 - 11/19/09 AMT: \$ 598.20  
(If applicable)TYPE OF PAYMENT: (must check one) ☒ Gift ☐ IncomeDESCRIPTION: CAVP Business and Leadership Exchange  
Conference

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: Senator Price is not subject to limits because he participated in the California Independent Voter Project Business and Leadership Exchange Conference. He presented a speech and participated as a panelist.

COVER PAGE

FEB 26 2010

Please type or print in ink.

CG

2010 MAR -1

A Public Document

PM 5:14

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Price	Curren	D.	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA State Senate

Division, Board, District, if applicable:

26th Senate District

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 7

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/23/10  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

► NAME OF SOURCE  
CA Democratic Party & Speaker Karen Bass  
 ADDRESS (Business Address Acceptable)  
800 N Street Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Bass for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa St. Ste. 4050 Los Angeles CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.52	Jacket
01 / 08 / 09	\$ 11.95	Breakfast (Jan. 8-9)
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Chukchansi Economic Development Authority  
 ADDRESS (Business Address Acceptable)  
46575 Road 417, Bldg. C Coarsegold, CA 93614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 09	\$ 42.58	Food & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
CA Distributors Associaton  
 ADDRESS (Business Address Acceptable)  
1215 K St., Suite 1500 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 09	\$ 87.20	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
California Forestry Association  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 1830 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 09	\$ 44.86	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
State Farm Insurance  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 920 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 27 / 09	\$ 160.00	Lakers Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

► NAME OF SOURCE  
TechAmerica

ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 2140 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 09</u>	\$ <u>10.00</u>	<u>Chocolate Computer</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Association of California Life & Health Insurance Co.

ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 1820 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 30 / 09</u>	\$ <u>41.38</u>	<u>Dinner</u>
<u>10 / 01 / 09</u>	\$ <u>40.38</u>	<u>Lunch</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Taxpayers for Rod Wright Senate 2012

ADDRESS (Business Address Acceptable)  
Post Office Box 8542 Los Angeles, CA 90008

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 09</u>	\$ <u>62.00</u>	<u>Wine Gift Basket</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
California Beer and Beverage Distributors (CBBB)

ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 890 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 09</u>	\$ <u>17.16</u>	<u>Lunch</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)  
P.O. Box 700 Del Mar, CA 92014-0700

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 22 / 09</u>	\$ <u>150.00</u>	<u>Admission</u>
<u>07 / 22 / 09</u>	\$ <u>105.00</u>	<u>Directors Room</u>
<u>07 / 22 / 09</u>	\$ <u>20.00</u>	<u>Valet Parking</u>

► NAME OF SOURCE  
Verizon Wireless

ADDRESS (Business Address Acceptable)  
15505 Sand Canyon Ave. Building E Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 09</u>	\$ <u>45.04</u>	<u>Dinner</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Curren Price	

► NAME OF SOURCE  
State Building & Construction Trades Council of CA  
 ADDRESS (Business Address Acceptable)  
1225 8th Street, Suite 375 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 09	\$ 85.13	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
California Correctional Peace Officers Association  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 410 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 09	\$ 81.60	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
Southern California Edison  
 ADDRESS (Business Address Acceptable)  
2244 Walnut Grove Ave. Rosemead, CA 91770  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 09	\$ 181.30	Meals & Beverages
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
Verizon  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 960 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 24 / 09	\$ 120.00	NBA Ticket
11 / 24 / 09	\$ 93.55	Food/Beverage
/ /	\$	

► NAME OF SOURCE  
Los Angeles Stadium  
 ADDRESS (Business Address Acceptable)  
13191 Crossroads Parkway North, 6th Floor  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 09	\$ 25.00	Football
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
California Association of Health Facilities  
 ADDRESS (Business Address Acceptable)  
2201 K St. Sacramento, CA 95816-4922  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 09	\$ 8.00	2010 Calendar
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Curren Price	

► NAME OF SOURCE  
Office of the Mayor Antonio R. Villaraigosa  
ADDRESS (Business Address Acceptable)  
1400 K Street, Room 208 Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 09	\$ 600.00	Parking & Shuttle Svcs
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Knudsen & Associates  
ADDRESS (Business Address Acceptable)  
1127 11th Street, Suite 550 Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 09	\$ 7.50	Knudsen Sisters' CD
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Southern California Edison  
ADDRESS (Business Address Acceptable)  
2244 Walnut Grove Ave. Rosemead, CA 91770  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 16.50	Holiday Ornament
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Rabbi Zack Shapiro  
ADDRESS (Business Address Acceptable)  
5249 Sepulveda Blvd. Culver City, CA 90230-5213  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 09	\$ 75.00	Rosh Hashanah Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Rabbi Zoe Klein  
ADDRESS (Business Address Acceptable)  
13045 West Pico Blvd. Los Angeles, CA 90064-2695  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 09	\$ 75.00	Rosh Hashanah Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Rabbi Adam Kligfield  
ADDRESS (Business Address Acceptable)  
1039 La Cienega Blvd. Los Angeles, CA 90035  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 09	\$ 75.00	Rosh Hashanah Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Curren Price	

► NAME OF SOURCE  
Joe Cerrill, Cerrill Associates, Inc.

ADDRESS (Business Address Acceptable)  
320 North Larchmont Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Los Angeles, CA 90004

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 28 / 09</u>	<u>\$ 100.00</u>	<u>San Gennaro Festival</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
American Film Institute

ADDRESS (Business Address Acceptable)  
2021 N Western Avenue Los Angeles, CA 90027

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 09</u>	<u>\$ 500.00</u>	<u>VIP Rec &amp; Movie Ticke</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 1220 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 09</u>	<u>\$ 11.97</u>	<u>Beverages</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

Curren Price \_\_\_\_\_

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 10 / 15 / 09 - 10 / 28 / 09 AMT: \$ 8,259.95  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Study Travel Project to China/Hong Kong

► NAME OF SOURCE

Jewish Public Affairs Committee of California

ADDRESS (Business Address Acceptable)

1127 Eleventh St., Suite 400

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

~~Legislators Study Trip to Israel~~

DATE(S): 12 / 06 / 09 - 12 / 15 / 09 AMT: \$ 4100.00  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Legislators Study Trip to Israel

► NAME OF SOURCE

California Independent Voter Project

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd., Suite 250

CITY AND STATE

San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 16 / 09 - 11 / 19 / 09 AMT: \$ 598.20  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: CAIVP Business and Leadership

Exchange Conference

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

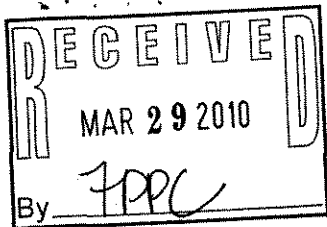
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

**EB**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► NAME OF SOURCE

Joe Cerrell, Cerrell Associates, Inc.

ADDRESS (Business Address Acceptable)

320 North Larchmont Blvd. Los Angeles, CA 90004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/28/09	\$ 100.00	San Gennaro Festival
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

**Verification**

Print Name Curren D. Price, Jr.

Office, Agency  
or Court CA State Senate

Statement Type ☐ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 25, 2010  
(month, day, year)

Signature

Comments: \_\_\_\_\_